

## **Rescue Me WV Adoption Application**

*DISCLAIMER: Submitting this form in no way creates a binding agreement, that will come after, should you be approved and paired with your dog(s). Until such time RMWV maintains complete care, control, and ownership of the animal until such time.*

*RMWV **does not and shall not** discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations.*

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### **Adoption Applicant Questionnaire**

Please fill out the questions below honestly and accurately. Incomplete or factually inaccurate answers are ground for *immediate* rejection of the application and barring from future adoption and/ or fostering at the discretion of RMWV approval team

Name(s) \_\_\_\_\_

Drivers License or ID (State and Number) \_\_\_\_\_

Address (street, city, state, zip)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email Address \_\_\_\_\_ Primary Phone (Home/Cell/Office) \_\_\_\_\_

**UNRELATED** Personal Reference #1 Name \_\_\_\_\_

**UNRELATED** Personal Reference #1 Phone or Email \_\_\_\_\_

**UNRELATED** Personal Reference #2 Name \_\_\_\_\_

**UNRELATED** Personal Reference #2 Phone or Email \_\_\_\_\_

Primary Veterinarian Office/ Dr. Name \_\_\_\_\_

Primary Veterinarian Office/ Dr. Phone or Email \_\_\_\_\_

Rate yourself on the following scale as a dog owner (check one box):

←-----|-----|-----→

NEVER HAD A DOG BEFORE (BUT WILLING TO LEARN!)      HAVE OR HAVE HAD A FAMILY DOG THAT I/WE LOVE(D)      HIGHLY EXPERIENCED WITH BREED SPECIFIC HISTORY

Do you have any current pet(s) in the house?

- NO OTHER PETS       YES (LIST COUNT AND SPECIES)

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(If you marked yes that you have pet(s), ANSWER, if no other pets, SKIP this question)

Are your other pets all UTD on all required shots and vaccines?

- YES       NO (MUST PROVIDE VETERINARY DOCUMENTATION AS TO WHY NOT UTD)

(If you marked yes that you have pet(s), ANSWER, if no other pets, SKIP this question)

Are your other pets all spayed or neutered?

- YES       NO (MUST PROVIDE VETERINARY DOCUMENTATION AS TO WHY NOT)

Do you have kids (or will kids regularly be around your home)?

- NO KIDS       YES (LIST COUNT AND AGE(S))

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Which applies to your current primary residence?

- OWN       RENT (MUST PROVIDE WRITTEN APPROVAL FROM LANDLORD TO ADOPT)

OTHER (EXPLAIN) \_\_\_\_\_

Do you have any of the following (check any that apply)?

- UNFENCED YARD       FENCED YARD (FENCE HEIGHT IN FT \_\_\_\_\_)

Have you ever successfully trained a dog (from the beginning, dog did not know previously) in any of the following areas (check all that apply)?

- BASIC (SIT/STAY/COME/DOWN)     KENNEL     POTTY     LEASH     ADVANCED (WORKING)

**Rate your home's activity level:**

QUIET AND CALM                       MODERATE                       BUSY/ LOTS OF ACTIVITY OR GUESTS

**Have you ever rehomed/ returned/ or surrendered another animal?**

NO                       YES (EXPLAIN)

**As the applicant, I/We hereby swear, affirm, or agree (initial by each statement):**

\_\_\_\_\_ Are at least twenty-one (21) years of age at the time of this application

\_\_\_\_\_ That this document has been thoroughly read and understood without any further questions

\_\_\_\_\_ To having a background check run and/ or home inspection completed if determined required by RMWV team prior to the adoption

\_\_\_\_\_ To having a home inspection completed if determined required by RMWV team within ninety (90) days of the approved adoption

\_\_\_\_\_ To complying with all local, state, and federal regulations regarding animal registration and maintenance and quality of life including mandatory medical care

\_\_\_\_\_ To **never** having been convicted of any abuse/ neglect/ cruelty charges against any animal

Which dog(s) are you applying for (name, breed, and sex)?

\_\_\_\_\_  
\_\_\_\_\_

I/ We do hereby swear/ affirm/ agree that all information in this application is complete and accurate to the best of knowledge and ability

Signature \_\_\_\_\_ Date \_\_\_\_\_

For Internal RMWV Use Only

All questions confirmed answered completely

Reference 1 called and confirmed (Date \_\_\_\_\_ By: \_\_\_\_\_)

Comments:

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Reference 2 called and confirmed (Date \_\_\_\_\_ By: \_\_\_\_\_)

Comments:

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Veterinarian called and confirmed (Date \_\_\_\_\_ By: \_\_\_\_\_)

Comments:

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House Visit Completed (Date \_\_\_\_\_ By: \_\_\_\_\_)

Comments:

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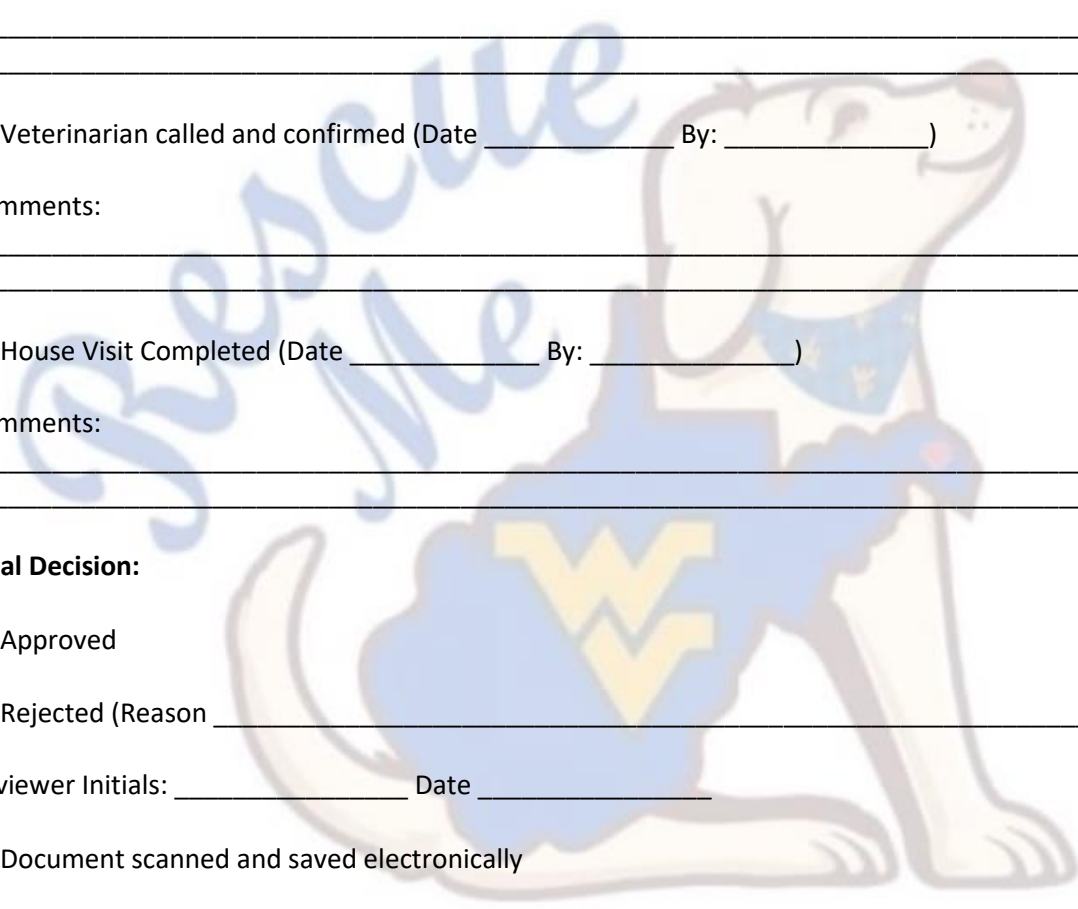
**Final Decision:**

Approved

Rejected (Reason \_\_\_\_\_)

Reviewer Initials: \_\_\_\_\_ Date \_\_\_\_\_

Document scanned and saved electronically



**Release Form - Change of Ownership (ONE FORM PER DOG)**

Rescue Me WV (RMWV) hereby releases ownership of this dog to

New Owner Printed Name \_\_\_\_\_

RMWV fully grants this person all rights and permissions as afforded to the maximum extent of the governing laws to this dog. New owner releases RMWV from all liability concerning said animal, and the above-named person affirms that they will contact RMWV again prior to any surrender or rehoming of the dog should that be deemed appropriate by the new owner.

RMWV also certifies and/or affirms that in this transfer they have communicated all behavioral history that could impact the quality of life and legality of this canine including but not limited to: vicious behavior, bite history, or any previous medical records of concerns by a licensed veterinarian.

*RMWV HEREBY STATES THAT THEY ARE ADOPTING OUT THIS DOG ON A FULLY APPROVED BASIS*

Dog Name \_\_\_\_\_

Breed \_\_\_\_\_ Color/ Description \_\_\_\_\_

Age \_\_\_\_\_ Birthdate (if known) \_\_\_\_\_ Sex (M/F) \_\_\_\_\_ Spay/Neutered (Y/N) \_\_\_\_\_

Bite History (Y/N) \_\_\_\_\_ If yes provide details/ dates \_\_\_\_\_

Any other comments (tolerance of children, other animals, other health concerns that should be noted)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Rescue Me WV  
59 East Road, Martinsburg WV  
[info@RescueMeWV.org](mailto:info@RescueMeWV.org)

**RMWV does hereby surrender ownership and rights to the animal**

RMWV Agent Printed Name \_\_\_\_\_ Date \_\_\_\_\_

RMWV Agent Signature \_\_\_\_\_ Date \_\_\_\_\_

New Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

***RMWV to photocopy and provide adopter with a paper copy (of this agreement and of medical records if any) as well as maintain original for record keeping purposes***